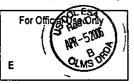
U.S. Department of Labor Office of Labor Management Standards Washington DC20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

454.11.11				
1 File Number U /3//	2 Fiscal Year Covered From			
	1 / 1 / 2005 Through 12 / 31 / 2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Brian E Hickey	Name Operating Engineers Local 399			
	Labor Organization File Number 028-035			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
1	. To John String Cite Health Hally			
Street 763 West Jackson Blvd	Street 763 West Tackson Blvd			
City Chicago	City Chicago			
State Illinois ZIP Code + 4 60661	State Illinois ZIP Code + 4 :60661			
	Classification of the control of the			
5 Position in labor organization President/Business Manager	24 C 11 A			
) c				
Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
PO Box Bidg Room No If any				
	7 b Amount			
Street	,			
City City	3 () bootstanding and free free free free free free free fre			
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed Brian E Brely	On 3-27-06 310 370 9870 Date Telephone Number			
Form LM 30 (2003)	Page 1 of 2			

I MATERIALISM CHARLE

Name of Person Filing Brian Hickey		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Amalgamated Bank Trade Name if any P O Box Bidg Room No if any Street One West Monroe City Chicago State Illinois ZIP Code + 4 60603	9 Business deāls with A Labor Organiza b Trust c Employer	tion		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deals	ing		
Name Trade Name If any P O Box Bldg Room No If any	Labor Advisory Com			
FO BOX Blug Room No II ally			!	
Street	Ad b Assessment deller web			
City	11 b Approximate dollar value			
	Stipends received		stings as member	
State ZIP Code + 4	of labor advisory	committee		
	12 b Amount		\$1 875	
			<u></u>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name			n de la companya de l	
Trade Name If any			The second secon	
PO Box Bldg Room No If any			and an and an and an and an and an and an an and an an an an and an	
Street				
City			\$ \$	
State ZIP Code + 4			MATERIAL MAT	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	Paravolation		

Name of Person Filing Brian Hickey		File Number 0		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name Amalgamated Bank				
Trade Name If any	a Labor Organiza	ation		
PO Box Bldg Room No If any	c Employer			
Street One West Monroe				
City Chicago				
State Illinois ZIP Code + 4 60603				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing		
Name	Serve as member of	Labor Advisory Committee		
Trade Name If any		!		
		1		
PO Box Bidg Room No If any				
Street	11 b Approximate dollar val	ue of such dealing		
City	12 a Nature of interest he	ld or income received		
State ZIP Code + 4		received with members of labor to discuss labor related issues		
		•		
	12 b Amount.	\$159		
	12 B Arribunt.	\$139		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	JAT VIENNING PUT DE ROTOTENARY TODA JANGDA DE VERTING DATA DE MARIE JATO ALIA DATA DE PER E		
Name				
Trade Name If any				
PO Box Bldg Room No If any		ļ		
Street		ı		
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment			